ASB CASE REVIEW REQUEST

Formerly known as the Community Trigger

You have requested an ASB Case Review to assess how your reports of anti-social behaviour have been dealt with by public agencies acting on your behalf.

To be considered, your request must meet at least one of the Havering Council thresholds below:

- You, as an individual, have complained to the Council, Police or a Registered Housing Provider (Social Landlord) about three separate incidents in the last six months and consider that no action has been taken.
- Five individuals in your local community have complained separately to the Council, Police or a Registered Housing Provider (Social Landlord) in the last six months about similar incidents of anti-social behaviour and consider that no action has been taken.
- You have been the victim of a single instance of Hate Crime.

How to return this form

Please email the completed form to CommunitySafety@havering.gov.uk, marked for the attention of Community Safety.

Once received, your request and associated information will be reviewed against the Havering threshold. You will be advised of the outcome and any next steps.

If you have any questions, telephone 01708 434343 and ask to speak with the Community Safety Team.

Please kindly note that Havering Council does not operate a dedicated ASB Team.

Section 1: About you

Full name	
Address	
Postcode	
Telephone number	
Email address	
Preferred contact method	
Landlord / housing provider details (if applicable)	

Section 1 continued: Person(s) whose behaviour is being reported

Please provide as much information as you know. Leave fields blank where details are not known.

Name(s)	
Address (if known)	
Postcode	
Relationship to you (if any)	

Section 2: Incidents and ASB reports

Important: Include the names of any officials you have dealt with (Police, Council or Housing) and any crime, CAD, case or reference numbers you were given.

Incident 1

Date of incident	
Details of incident	
Who was it reported to?	
Reference / crime / CAD number(s)	

Section 2 continued: Incidents and ASB reports

Incident 2

Date of incident	
Details of incident	
Who was it reported to?	
Reference / crime / CAD number(s)	

Incident 3

Date of incident	
Details of incident	
Who was it reported to?	
Reference / crime / CAD number(s)	

Section 3: Background and additional information

Please provide a brief historic outline of your concerns and any other information you feel may be relevant to your request for an ASB Case Review.

Historic outline and additional information

What outcome are you seeking from the review?

Supporting information

Please list any documents you are providing with this form, for example diary sheets, photographs, correspondence or reference details.

Documents / evidence enclosed or available

Declaration and consent

☐ I confirm that the information provided in this form is accurate to the best of my knowledge.

☐ I understand that information relevant to this request may need to be shared between the responsible agencies involved in the ASB Case Review, in accordance with applicable information-sharing and data-protection requirements.

☐ I understand that submitting this form does not guarantee that the threshold for an ASB Case Review will be met.

Applicant name	
Signature	
Date	